



Department of Veterans Affairs

TENANT SURVEY

RETURN COMPLETED FORM TO

NAME (Optional)

TELEPHONE NUMBER (Optional)

DATE

Site Manager (033A3)

CLEANLINESS AND APPEARANCE OF THE BUILDING

	EXCELLENT	GOOD	AVERAGE	FAIR	POOR	N/A
Building Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Lobby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corridors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rest Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extermination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEATING AND AIR CONDITIONING

	EXCELLENT	GOOD	AVERAGE	FAIR	POOR	N/A
Reliability of Heating and Air Conditioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever reported a problem with heating or air conditioning? ☐ Yes ☐ NoIf yes, was it handled promptly and courteously? ☐ Yes ☐ No**BUILDING STAFF**

	EXCELLENT	GOOD	AVERAGE	FAIR	POOR	N/A
Response time of building staff requests for service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ELEVATOR SERVICE

	EXCELLENT	GOOD	AVERAGE	FAIR	POOR	N/A
Elevator service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever reported a problem? ☐ Yes ☐ No**VA SITE MANAGER**Is the VA Site Manager assigned to this Building courteous and helpful when you request service? ☐ Very ☐ Somewhat ☐ Not**BUILDING SATISFACTION**Overall, how satisfied are you with the Building? ☐ Very ☐ Somewhat ☐ Not**SUGGESTIONS**

DO YOU HAVE ANY SUGGESTIONS TO IMPROVE BUILDING AND/OR SERVICES?